

SERIAL NUMBER 09/347,714	FILING DATE 07/03/99	CLASS 424	GROUP AF UNIT 1651
-----------------------------	-------------------------	--------------	-----------------------

APPLICANT

WILLIAM M. YARBROUGH, PEORIA, IL; COREY SCHROETER, PEORIA, IL.

## \*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

✓

none

## \*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

✓

none

## \*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

✓

none

EST AVAILABLE COPY

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/04/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 0	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 5
---	---	------------------------	---------------------	--------------------	-------------------------

Verified and Acknowledged

Examiner's Initials

Initials

ADDRESS

Robert L. Knechtel  
1105 Moraine Drive  
Woodstock, IL 60098

TITLE

URUSHIOL INDUCED CONTACT DERMATITIS AND METHOD OF USE

FILING FEE RECEIVED \$476	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing E <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------	---	---